

LEASE SUBMISSION CHECKLIST

DEPARTMENT OF ADMINISTRATION
Division of Facilities Management

OFFICE USE ONLY

DATE RECEIVED:

AGENCY NAME _____ Agency No. _____

Date Sent _____

Contact Person _____

Phone Number _____ Fax Number _____

Email Address _____

Proposed Leased Property location (city) _____

Sq. Ft. _____ Start/End dates _____

Please check and enclose the following:

☐ DA-47 - Real Estate Lease Cover Sheet

DA-46 - Real Estate Lease Agreement or Real Estate Lease Amendment

Please check the one that most closely describes the enclosed lease.

Office Space Storage Space Acreage Other

Please check and enclose the following if applicable:

ADA Checklist or ADA Waiver

☐ Occupancy Expense Worksheet

☐ Office Co-location Roadmap _____ (mm/dd/yyyy)

The co-location road map can be accessed at <http://www.da.ks.gov/fm/dfm/services/leasing.htm>

☐ Office Space Standards

Office Space Standards can be accessed at <http://www.da.ks.gov/fm/dfm/services/leasing.htm>

For assistance, please contact DFM Leasing Section at 785-296-1318 or Leasing.Section@da.ks.gov